



Case report

Bandaged penis

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Abstract

This is a case of a male in his late 30s who died due to acute myocardial ischemia. His penis was bandaged. The penis was inflamed and had infected abrasions. The possible relevances of such an incidental finding and its contribution to sudden death is explored. The case report shows photographs of the bandage in situ and its components, inflammation of frenulum, injury to the shaft, and the generalized inflamed and mildly swollen penis. These changes were considered to be caused by bites. The micro-photographic findings in the case were of acute myocardial ischemia, pulmonary oedema, and fatty liver.

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1. Introduction

Bandages over the penis is an uncommon finding in forensic pathological practice. But in Islamic countries a penis bandage is applied after religious circumcision in childhood or at the time of conversion from other religions. Therapeutically, a bandage may be applied in inflammatory and traumatic conditions of the penis.

2. Case summary

This is a case of a 38-year-old Indonesian male who died after midnight in the bedroom of his second wife's house. He had developed tightness in his chest and difficulty in breathing. He had more than one wife in different countries and had been taking some unspecified treatment for the past few days from some unknown traditional healer to increase his sexual performance. He used to take that medicine about an hour before going to bed. On enquiry, it was revealed by his second spouse that he had come a week before to see her from another country and sexual inter-

course had been frequent. There was denial of sexual intercourse just prior to death due to an injured penis in the last encounter. He was a smoker and used to take alcohol occasionally. He was brought dead to the hospital where an autopsy was performed.

On external examination at the time of autopsy, a bandage was observed over his penis. His face was suffused and nail beds were bluish in colour. Froth was present in his nostrils and trachea. His lungs were oedematous and exuded bloodtinged froth. There were mild atherosclerosis changes in both coronary arteries, with a narrowing of the coronary lumen varying from 20% to 40%. His stomach contained partly digested food material of about 800 g, the mucosa was intact, and the walls were mildly congested. On histopathological examination, his myocardium showed a loss of nuclei in few myocardial cells with intense congestion and haemorrhages. The liver had fatty changes and lymphocytic infiltration. There were no remarkable changes in the rest of the organs.

Figs. 1–4 are selected to show the findings pertaining to the penis: Fig. 1 shows an intact and nicely layered bandage with a proper adhesive tape. Fig. 2 shows blood stains, healing injuries and an inflamed area near the frenulum as indicated by the arrow. Fig. 3 shows the swollen

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Fig. 1. Photograph showing the intact bandage over the penis.



Fig. 4. A photograph showing the swollen base of the root and the frenulum, and some brownish artefactual areas over the scrotum.



Fig. 2. On opening of the bandage, stains with blood and medicine are seen on the bandage gauge pad; arrow marks show inflamed areas over the frenulum junction point, a few superficial abrasions near the root of the penis.

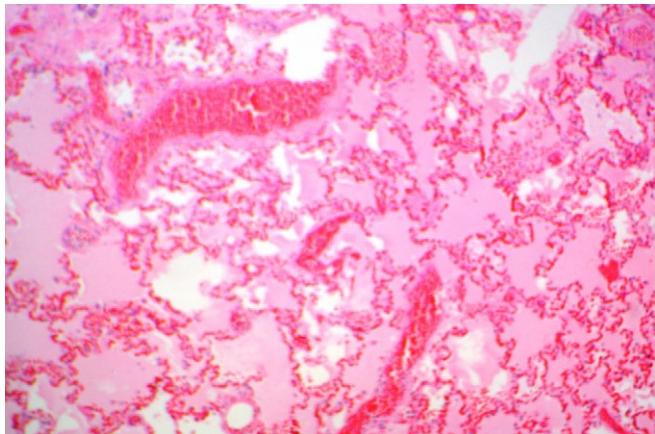


Fig. 5. Pulmonary oedema and congestion.



Fig. 3. The swollen and inflamed shaft, with infected abrasions, teeth impressions are seen close to each other due to the shrinkage of the penis.

and inflamed shaft of the penis. Fig. 4 shows dorsal aspect of the penis with a swollen shaft and frenulum. These lesions were consistent with teeth marks.

On autopsy and histopathological examination the main findings were acute pulmonary oedema due to left ventricular failure, early myocardial ischemic changes with mild to

moderate atherosclerosis in coronaries, and fatty liver (Fig. 5–7).

3. Discussion

The sexual activity is equivalent to mild and moderate exercises and the energy cost of this ranges between 2 and 6 metabolic equivalents.¹ The patient had a history of taking some medicine and overindulgence in sexual activity. At times a person consumes sexual stimulants underestimating the risks and side effects of these known or unknown substances.

The cardiovascular response to sexual stimulation and activity is also affected by the environment and excitement level surrounding the sexual activity. It is also affected by the use of medications and recreational drugs, cigarette smoking or alcohol abuse; the presence and absence of known or occult coronary disease and large meal.¹

Erectile dysfunction (ED) in males can be an indicator of the existence of a silent vascular disease or a significant CAD risk. Penile artery atherosclerosis and/or generalized

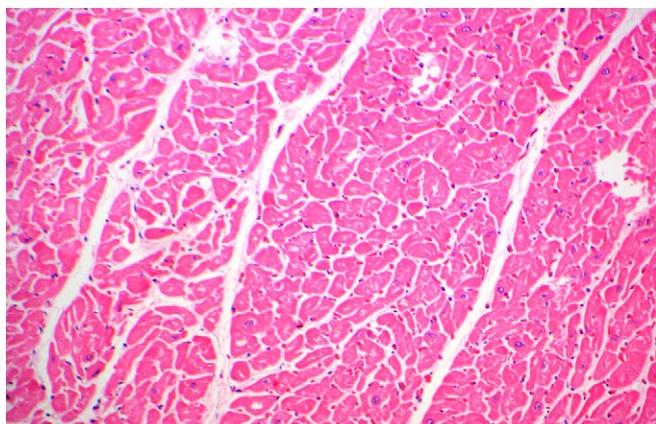


Fig. 6. Myocardium showing ischemic changes and evidence of infarction [H&E20X].

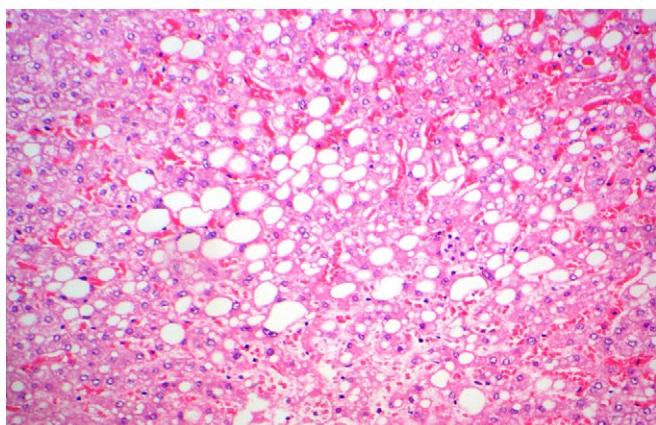


Fig. 7. Liver showing fatty change and mild lymphocytic infiltration in the parenchyma [H&E20X].

vascular endothelial dysfunction can be associated with impaired sexual performance in those of middle age. A healthy male who exhibits ED should get his vascular system examined.² True or pseudoaphrodisiac from different countries have different locally available herbal and medicinal substances incorporated in them. Among the substances used in the past and generally discredited now are “Spanish fly”, Yohimbine, nutmeg, and mixtures containing lead, arsenic, or strychnine.³

Sexual activity has achieved a new prominence with the advent of sildenafil citrate, a remarkably effective drug for impotence or erectile dysfunction.¹ After using sildenafil even in normal doses of 50 mg deaths have occurred due to ventricular arrhythmias.^{3,4} Sildenafil can cause myocardial infarction in compromised coronary artery disease. It

may be dangerous when taken together with nitrates as it causes severe hypotension and can induce acute ischemic changes. It is recommended that a difference of at least 6–24 h (average 6 h)³ between intake of sildenafil and nitrate be maintained^{3,1}.

A similar type of swelling and injuries over the genital area can also be seen in cases when a person has intercourse with a tight orifice as in sodomy, child rape and overindulgence in sexual activities, application of constricting appliances at the base. In this case, findings are consistent with oral sex or stimulation. In oral sex cases, the teeth marks with superadded infection can result in such inflammation and appearance. Among sexually transmitted diseases, chancroid can produce such signs at the base of the frenulum in early phases within 2–3 weeks. In this case the blood was negative for STD and HIV on screening.

In similar circumstances, the application of a local irritant/sex stimulant jelly is possible to either relieve pain or have a constant drug supply. Being a highly sensitive area, application of an anaesthetic gel with medication to relieve pain, after a traumatic sexual encounter is another strong possibility. A chemical examination of blood gave a negative result for sexual stimulants like Sildenafil or like products. Moreover, the intake of drug was denied on the fateful day before death because of injury to the penis.

Oral intake or topical application of sexual stimulants/aphrodisiac substances to increase sexual potency or exemplary performance has a definite higher risk of death due to cardiac arrhythmias with or without ischemic heart disease or coronary atherosclerosis. The middle aged group is more prone to such cardiac deaths especially when some unrecognized vascular disorder is present. It is imperative for casualty physicians and forensic pathologists to evaluate cardiac function when there is a history of chest pain after taking sildenafil in the last 24–36 hours.¹ The artificial means to enhance sexual performance and prolonged performance in a person with compromised health has a definite risk of cardiac arrhythmias.

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